

HART, BYARS, ENG & O'CONNOR  
AUDITORS/ACCOUNTANTS • CERTIFIED PUBLIC ACCOUNTANTS  
MEMBER OF PRIVATE COMPANY PRACTICE SECTION OF AMERICAN INSTITUTE OF CPAs

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

MAR 19 1 24 PM '96

ACCOUNTANTS' COMPILED REPORT

**FEC FORM 3X - REPORT OF RECEIPTS AND DISBURSEMENTS**

To the Officers and Trustees

International Longshoremen's &  
Warehousemen's Union - Political  
Action Fund

We have compiled the report of receipts and disbursements of

**INTERNATIONAL LONGSHOREMEN'S &  
WAREHOUSEMEN'S UNION - POLITICAL  
ACTION FUND**

as of February 29, 1996, and the detailed summary page of receipts and disbursements for the month and two months ended February 29, 1996, and the accompanying supplementary information contained in Schedules A and B, which are presented only for supplementary analysis purposes, included in the accompanying prescribed form in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation is limited to presenting in the form prescribed by the Federal Election Commission information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

These financial statements, including any related disclosures and supplementary information, are presented in accordance with the requirements of the Federal Election Commission, which differ from generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

March 8, 1996

*Hart, Byars, Eng & O'Connor  
Accountancy Corporation*

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

MAR 18 1 24 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1 NAME OF COMMITTEE (in full) <u>INTERNATIONAL LONGSHOREMEN'S AND WAREHOUSEMEN'S UNION - POLITICAL ACTION FUND</u>	ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  1188 FRANKLIN STREET
CITY, STATE and ZIP CODE  SAN FRANCISCO, CA 94109	

2. FEC IDENTIFICATION NUMBER  
C DO 176214

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 16 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirteenth day report following the General Election on

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>2/1/96</u> through <u>2/29/96</u>		
6. (a) Cash on Hand January 1, 1996	\$ 16,849	
6. (b) Cash on Hand at Beginning of Reporting Period	\$ 16,845	
6. (c) Total Receipts (from Line 19)	\$ 12	\$ 28
6. (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 16,877	\$ 16,877
7. Total Disbursements (from Line 30)	\$ 5,840	\$ 5,840
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,037	\$ 11,037
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
Joe Olvera

Signature of Treasurer

Date

3/13/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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SEE ACCOUNTANT'S COMPLETION REPORT

FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**  
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE INTERNATIONAL LEADERSHIP MEMBERS AND WATERHOUSEMEN'S UNION - POLITICAL ACTION FUND	REPORT COVERING PERIOD	
	FROM 2/1/96	TO: 2/29/96
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized		
iii. Total ..... (add i and ii) >		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions ..... (add a.iii, b and c) >	0	0
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Recoveries, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	12	28
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12	28
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	12	28
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	3,240	3,240
c. Total Operating Expenditures ..... (add a.i, a.ii, and b) >	3,240	3,240
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,600	2,600
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:	0	0
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds ..... (add a, b and c) >	0	0
29. Other Disbursements	4	0
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,840	5,840
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	5,840	5,840
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	0	0
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	0
35. Total Federal Operating Expenditures ..... (add 21 a.i and 21 b) >	3,240	3,240
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures ..... (subtract line 36 from 35) >	3,240	3,240

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMEN'S AND WAREHOUSEMEN'S UNION - POLITICAL ACTION FUND

## A. Full Name, Mailing Address and ZIP Code

BANK OF AMERICA  
50 CALIFORNIA STREET 28<sup>th</sup> FL  
SAN FRANCISCO, CA 94111

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

INTEREST

Date (month,  
day, year)

5/29/86

Amount of Each  
Receipt this Period

12

## B. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Occupation

Date (month,  
day, year)Amount of Each  
Receipt this Period

## C. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Occupation

Date (month,  
day, year)Amount of Each  
Receipt this Period

## D. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Occupation

Date (month,  
day, year)Amount of Each  
Receipt this Period

## E. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Occupation

Date (month,  
day, year)Amount of Each  
Receipt this Period

## F. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Occupation

Date (month,  
day, year)Amount of Each  
Receipt this Period

## G. Full Name, Mailing Address and ZIP Code

Receipt For:  Primary  General  
 Other (specify):

## Name of Employer

Occupation

Date (month,  
day, year)Amount of Each  
Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

12

TOTAL This Period (last page this line number only) .....

12

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE NUMBER  
21(b)

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## NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMEN'S AND WAREHOUSEMEN'S UNION - POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code  HART, BYARS, ENG & O'CONNOR 2600 EL CAMINO REAL, SUITE 405 PALO ALTO, CA 94306	Purpose of Disbursement  ACCOUNTING SERVICES  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YCD \$ 3,240	Date (month, day, year) 2/12/96	Amount of Each Disbursement This Period \$ 3,240
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

\$ 3,240

TOTAL This Period (last page this line number only) .....

\$ 3,240

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE / OF  
FOR LINE NUMBER  
23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

INTERNATIONAL LONGSHOREMEN'S AND WAREHOUSEMEN'S UNION - POLITICAL ACTION FUND

A. Full Name, Mailing Address and ZIP Code BOB FILNER FOR CONGRESS P.O. BOX 127868 SAN DIEGO, CA 92112 TRES: MARK POLLICK ID # (00) 561388	Purpose of Disbursement CONTRIBUTION TO HOUSE CANDIDATE (A - 50 <sup>th</sup> ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1,000	Date (month, day, year) 2/12/96	Amount of Each Disbursement This Period \$1,000
B. Full Name, Mailing Address and ZIP Code (BERNIE) SANDERS FOR CONGRESS P.O. BOX 391 BURLINGTON, VT 05402 TRES: SARA N. BURCHARD ID # (00) 882954	Purpose of Disbursement CONTRIBUTION TO HOUSE CANDIDATE VT AT LARGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$100	Date (month, day, year) 2/12/96	Amount of Each Disbursement This Period \$100
C. Full Name, Mailing Address and ZIP Code (LYNN) WOOLSEY FOR CONGRESS P.O. BOX 117 MT. VERNON, VA 22121 TRES: YONNAE CODDING ID # (00) 260365	Purpose of Disbursement CONTRIBUTION TO HOUSE CANDIDATE (A - 6 <sup>th</sup> ) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$500	Date (month, day, year) 2/12/96	Amount of Each Disbursement This Period \$500
D. Full Name, Mailing Address and ZIP Code ALASKANS FOR DON YOUNG P.O. BOX 100398 ANCHORAGE, AK 99510 TRES: ROBERT S. BOHNERT ID # 029874	Purpose of Disbursement CONTRIBUTION TO HOUSE CANDIDATE AK AT LARGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) YTD \$1,000	Date (month, day, year) 2/12/96	Amount of Each Disbursement This Period \$1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional) .....			\$2,600
TOTAL This Period (last page this line number only) .....			\$3,600

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/>	First Class Mail	POSTMARKED
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<input type="checkbox"/>	Postmark illegible	
<input type="checkbox"/>	Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify):  <i>J.A.D.</i>	POSTMARKED and/or DATE OF RECEIPT  <i>3/18/94</i>
PREPARED	DATE PREPARED	